Department of State Police Civil Disposition Citation

Date of this notice:			
Name of the offender:			
Address of offender:			
City, State, Zip Code:		D.O.B. / /	
SSN:	M/V Registration Number:		
Offense: MGL 94C s. 32L Possession of one ounce or less of marijuana/THC. Civil Penalty: \$			
Other offenses(s): Civil Penalty: \$			
Date and Time of violation:			
Location of violation:			
Officer signature:	ID	#	Agency Code
I hereby acknowledge receipt of this citation			
X			
Unable to obtain signature of offender. Date: mailed:			
☐ Offender under age 18. Parent/guardian name:			
You have the following alternatives to dispose of this matter:			
(1) You may elect to pay the above penalty, either by appearing in person OR WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF THIS NOTICE mailing a copy of this citation and enclosing a check, money order, or postal note made payable to: City/ Town Clerk of: Street Address: City/Town, zip code: This will operate as a final disposition of the matter, with no resulting criminal record.			
(2) If you desire to contest this matter in a non-criminal proceeding, you may do so by making a written request, and enclosing a copy of this citation, WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF THIS NOTICE TO:			
District/Municipal Court Clerk-Magistrate Street Address:			
City/Town, zip code:			
ATTN: 21D non-criminal hearings.			
(3) If you fail to pay the above penalty or to appear as specified, you may be subject to court action.			
A. \Box I hereby elect the first option above, confess to the offense charged, and enclose payment in the amount of:			
B. ☐ I hereby request a noncrimin	al hearing	on this matte	er.
Signature			